




Plan of Correction

Program Name: Capital Area Counseling Services	Date Submitted: 11/28/2017	Date Due: 12/28/2017
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Administrative POC-1	
Rule #: 67:61:06:07	Rule Statement: Discharge policies. Each agency shall have a written discharge policy. The policy includes the following: <ol style="list-style-type: none"> 1) Client behavior that constitutes reason for discharge at staff request; 2) The procedure for the staff to follow when discharging a client involved in the commission of a crime on the premises of the program or against its staff, consistent with the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. § 2.12(c)(5) (June 9, 1987) including who shall must make the report to the appropriate law enforcement agency; 3) The procedure for the staff to follow when a client leaves against medical or staff advice, including offering the client discharge planning and continuation of care for substance abuse and any other condition and documentation of what was offered, consistent with the confidentiality of alcohol and drug abuse patient records, 42 C.F.R., Part 2 (June 9, 1987), confidentiality of alcohol and drug abuse patient records; 4) Prohibition against automatic discharge for any instance of non-prescribed substance use, or for any instance of displaying symptoms of mental or physical illness; and 5) The procedure for referrals for clients with symptoms of mental illness or a medical condition and those requesting assistance to manage symptoms.
Area of Noncompliance: The discharge policy was missing or could not be found in the review of policy and procedures manual.	
Corrective Action (policy/procedure, training, environmental changes, etc):  The agency established a Standard Operating Guideline (SOG), which outlines the discharge process for Addiction clients. Training on the process will be provided to existing employees and new employees. All group trainings regarding policy or procedure will be documented in the "Training Client" in Behavioral Health.	Anticipated Date Achieved/Implemented: Date 01/15/2018
Supporting Evidence:  The SOG (Addiction Services Discharge Guidelines) is attached for review.	Person Responsible: Addiction Unit Supervisor
How Maintained:  Ongoing education will be provided by the Addiction Unit Supervisor. Additionally, periodic chart audits will be conducted to ensure compliance.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-2

Rule #: 67:61:06:02 & 67:62:07:02	Rule Statement: Guaranteed rights. A client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota including: <ol style="list-style-type: none"> 1) The right to refuse extraordinary treatment as provided in SDCL 27A-12-3.22; 2) The right to be free of any exploitation or abuse; 3) The right to seek and have access to legal counsel; 4) To have access to an advocate as defined in subdivision 67:61:01:01(4)/ 67:62:01(2) or an employee of the state's designated protection and advocacy system; 5) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment in accordance with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, SDCL 27A-12-26, 42 U.S.C. §§ 290 dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Part 160 and 164 (September 26, 2016); and 6) The right to participate in decision making related to treatment, to the greatest extent possible.
Area of Noncompliance: The client's right form needs to be updated. The form was missing one of the six requirements.	
Corrective Action (policy/procedure, training, environmental changes, etc): [REDACTED] The Client's Rights and Responsibilities form was updated to include the missing information, "To have access to an advocate as defined in subdivision 67:61:01:01(4) and 67:62:01(2) or an employee of the state's designated protection and advocacy system." Training will be provided to employees. All group trainings regarding policy or procedure will be documented in the "Training Client" in Behavioral Health.	Anticipated Date Achieved/Implemented: Date 01/15/2018
Supporting Evidence: [REDACTED] The amended Client's Rights and Responsibilities form is attached for review.	Person Responsible: Director of Admissions and Client Records
How Maintained: [REDACTED] The Director of Admissions and Client Records will monitor for future updates to the ARSD.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-3

Contact Attachment 1	<p>Rule Statement: Contract Statement: <u>Populations to be Served</u> It is the intent of the Division of Behavioral Health to fund services in South Dakota for residents living in South Dakota. It is the Division's expectation that state funds be targeted to those citizens of South Dakota in need of substance use disorder and gambling treatment services.</p> <p>A. Priority Populations Target populations to be served under the contract, in order of priority for State and Federal funds paid to the agency, and in accordance with 45 CFR 96.124 and 45 CFR 96.131, are as follows:</p> <p>1) Pregnant Women</p> <ul style="list-style-type: none"> a) Agencies must ensure that each pregnant woman in the state who seeks or is referred for and would benefit from treatment is given preference in admissions to treatment facilities receiving block grant funds. b) The agency shall publicize by public service announcement or street outreach programs the availability to such women of these treatment services designed for pregnant women and women with dependent children. c) Services for pregnant women/women with dependent children must comply with the provisions set forth in 45 CFR Sec. 96.124. d) Pregnant Women who are also Intravenous Drug Users are the highest priority for services. <p>2) Intravenous Drug Users</p> <ul style="list-style-type: none"> a) The agency shall develop and implement a program of outreach services to identify individuals in need of treatment for their intravenous drug use and to encourage the individual to undergo treatment for such use. b) The agency shall maintain a record of outreach services provided to intravenous drug users. c) Services for intravenous drug users must comply with the provisions set forth in 45 CFR 96.124 and 45 CFR 96.131. d) The agency shall develop and implement a policy to ensure that they will not distribute sterile needles or distribute bleach for the purpose of cleaning needles and shall develop and implement a policy to ensure they will not carry out any testing for the acquired immune deficiency syndrome without appropriate pre- and post-test counseling. <p>3) Adolescents</p>	
<p>Area of Noncompliance: To publicize priority services for pregnant women, women with dependent children, and IV users and also needs to be documented.</p>		
<p>Corrective Action (policy/procedure, training, environmental changes, etc): Established an SOG which outlines the agency's prioritization of populations for services. Training will be provided all necessary employees through unit meetings. All group trainings regarding policy or procedure will be documented in the "Training Client" in Behavioral Health.</p>		<p>Anticipated Date Achieved/Implemented: Date 01/15/2018</p>
<p>Supporting Evidence: The SOG (AD Highest Priority Clients) is attached for review.</p>		<p>Person Responsible: Director of Admissions and Client Records and Clinical Supervisors</p>
<p>How Maintained: The Director of Admissions and Client Records and Clinical Supervisors will monitor to ensure compliance.</p>		<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

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Client Chart POC-1	
Rule #: 67:61:07:05 & 67:62:08:05	<p>Rule Statement: Integrated assessment. An addiction counselor, counselor trainee, or mental health staff depending on needs shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For mental health clients under the age of 18, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components:</p> <ol style="list-style-type: none"> 1) Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable; 2) Presenting problems or issues that indicate a need for services; 3) Identification of readiness for change for problem areas, including motivation and supports for making such changes; 4) Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization; 5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history; 6) Family and relationship issues along with social needs; 7) Educational history and needs; 8) Legal issues; 9) Living environment or housing; 10) Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal; 11) Past or current indications of trauma, domestic violence, or both if applicable; 12) Vocational and financial history and needs; 13) Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present; 14) Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening; 15) Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable; 16) Clinician's signature, credentials, and date; and 17) Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.

Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.	
Area of Noncompliance: Substance Use and Mental Health integrated assessments were missing on or more of the required elements.	
Corrective Action (policy/procedure, training, environmental changes, etc): The agency amended the Co-occurring Needs Assessment (CONA) form to include information regarding readiness for change (located in the presenting problem section). Training will be provided to clinical staff regarding the amendment, as well as training on consistently documenting history of trauma (regardless if it had occurred or not) in the CONA. All group trainings regarding policy or procedure will be documented in the "Training Client" in Behavioral Health.	Anticipated Date Achieved/Implemented: Date 01/15/2018
Supporting Evidence: The CONA is attached for review.	Person Responsible: Clinical Supervisors
How Maintained: Ongoing education will be provided by the Clinical Supervisor at individual and unit meetings.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-2

Rule #: 67:62:08:07	Rule Statement: Treatment plan. The initial treatment plan shall be completed within 30 days of intake and shall include the mental health staff's signature, credentials, and date of signature, and the clinical supervisor's signature and credentials if the mental health staff does not meet the criteria of a clinical supervisor as defined in subdivision 67:62:01:01(8). Evidence of the client's or the client's parent or guardian's participation and meaningful involvement in formulating the plan shall be documented in the file. This may include their signature on the plan or other methods of documentation. The treatment plan shall: <ol style="list-style-type: none"> 1) Contain either goals or objectives, or both, that are individualized, clear, specific, and measurable in the sense that both the client and the mental health staff can tell when progress has been made; 2) Include treatment for multiple needs, if applicable, such as co-occurring disorders that are relevant to the client's mental health treatment; 3) Include interventions that match the client's readiness for change for identified issues; and 4) Be understandable by the client and the client's family if applicable. A copy of the treatment plan shall be provided to the client, and to the client's parent or guardian if applicable.	
Area of Noncompliance: In review of CYF, CARE, and IMPACT charts, at least one or more treatment plans were missing the above listed requirements.		
Corrective Action (policy/procedure, training, environmental changes, etc): Clinicians are required to document in the progress note the reason(s) DBH documentation (CSP and CONA) are not completed within the required 30-day period. Additionally, Crisis Intervention Plans will be provided for clients according ARSD 67:62:08:10. Ongoing training will be provided, either through individual or unit meetings. All group trainings regarding policy or procedure will be documented in the "Training Client" in Behavioral Health.	Anticipated Date Achieved/Implemented: Date 01/15/2018	
Supporting Evidence: N/A	Person Responsible: Clinical Supervisor and Compliance Officer/Compliance Specialist	
How Maintained: Ongoing education through clinical supervision and feedback on periodic chart audits.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	

Client Chart POC-3

Rule #: 67:62:08:10	Rule Statement: Transfer or discharge summary. A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan shall be maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS. If a client prematurely discontinues services, reasonable attempts shall be made and documented by the center to re-engage the client into services if appropriate.	
Area of Noncompliance: In review of outpatient and CARE charts, at least one or more were missing transfer or discharge summaries from the file.		
Corrective Action (policy/procedure, training, environmental changes, etc): Clinicians will complete a discharge summary at the conclusion or transfer of service. Ongoing training will be provided, either through individual or unit meetings with the Clinical Supervisor. All group trainings regarding policy or procedure will be documented in the "Training Client" in Behavioral Health.	Anticipated Date Achieved/Implemented: Date 01/15/2018	
Supporting Evidence: N/A	Person Responsible: Clinical Supervisors and Compliance Officer/Compliance Specialist	
How Maintained: Ongoing monitoring during clinical supervision, as well as periodic chart audits to ensure compliance.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	

Program Director Signature: 	Date: 12-27-17
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Send Plan of Correction to:

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